

SILVER SPRING ENTERPRISE ZONE  
**APPLICATION FOR CERTIFICATION OF ELIGIBILITY - INCOME TAX CREDITS**

THIS APPLICATION SHOULD BE RECEIVED BY THE ADMINISTRATOR AT LEAST 30 DAYS BEFORE  
THE DUE DATE OF THE INCOME TAXES FOR WHICH THE CREDIT IS BEING SOUGHT

1. Name of Firm \_\_\_\_\_ 2. FOR TAX YEAR (For Which Certification is Sought) \_\_\_\_\_
3. Web address \_\_\_\_\_ 4. e-mail address \_\_\_\_\_
5. Contact Person/Title \_\_\_\_\_ 6. Phone: \_\_\_\_\_
7. Address in Zone \_\_\_\_\_ 8. How Long in Zone? \_\_\_\_\_
9. Prior Address \_\_\_\_\_
10. Legal Status: Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_
11. Type of Business \_\_\_\_\_ 12. North American Industrial Classification System (NAICS) Code \_\_\_\_\_

TAX IDENTIFICATION NUMBERS: 13. Central Registration No. (State) \_\_\_\_\_  
14. Personal Property Tax No.(State) \_\_\_\_\_

15. Total Number of Full-Time (*1) Employees	A In Enterprise	B At Previous Location	C At Previous Location
	Zone (*2)	Outside Maryland	In Maryland
FILL IN COLUMN "A"; use columns "B" and "C" only if jobs were moved to Downtown Silver Spring during the period.			
a. Before December 15, 1996 [baseline]. . . . .	( ) jobs . . .	( ) jobs . . .	( ) jobs
b. In year firm moved into Silver Spring Enterprise Zone. . . . .	jobs . . .	jobs . . .	jobs
c. Tax year for which certification is sought . . . . .	jobs . . .	jobs . . .	jobs
d. Previous tax year (highest point) . . . . .	jobs . . .	jobs . . .	jobs

(\*1) Working at least 35 hours per week and for six (6) months in the tax year for which the credit is applied for (25 hours prior to 1/1/01).  
(\*2) Employees must earn at least 150% of federal minimum wage and spend at least 50% of their working hours in Silver Spring Enterprise Zone locations.

14. Number of Full-Time Economically Disadvantaged Employees (*3)			
FILL IN COLUMN "A"; use columns "B" and "C" only if jobs were moved to Downtown Silver Spring during the period.			
a. Before December 15, 1996 [baseline] . . . . .	( ) jobs . .	( ) jobs . . . . .	( ) jobs
b. In year firm moved into Enterprise Zone . . . . .	jobs . .	jobs . . . . .	jobs
c. Tax year for which certification is sought . . . . .	jobs . .	jobs . . . . .	jobs
d. Previous tax year . . . . .	jobs . .	jobs . . . . .	jobs

(\*3) As certified by the Maryland Job Service, Department of Labor, Licensing and Regulation.

**15. Maryland State Income Tax Credits to be applied for**, based on the above information and Maryland Tax Form 500CR

- Economically Disadvantaged (ED) Employees: a) Number 1st Year \_\_\_\_\_ (from line 14c)  
b) Number 2nd Year \_\_\_\_\_ (from line 14d)  
c) Total ED Employees \_\_\_\_\_ [a+b above]
- Other Qualified Employees (subtract line 13d, column A from line 13c, column A).....d) Number \_\_\_\_\_
- TOTAL Qualified Employees.....e) Number \_\_\_\_\_[c+d]

16. I hereby certify that I am authorized to act on behalf of the above applicant firm and attest that the above information is true. (A) I understand the applicant firm may be required to submit documentation in the form of payroll records and employee time sheets to verify the above information. (B) The applicant firm is supporting or pledges to support transportation management activities, such as employee awareness programs, sponsored by the Silver Spring Transportation Systems Management District. (C) I understand that failure to comply with the Montgomery County or State Enterprise Zone regulations, including submission of Annual Employment Report and Notice of Tax Credits Received may result in decertification of eligibility. (D) I further Certify that the applicant is current with respect to payment of income and personal property taxes, and **authorize the Comptroller to disclose state income tax information** for the years 1996 to 2004 for Montgomery County.

17. \_\_\_\_\_  
Authorized Official (Type or Print) Title

Signature of Authorized Official Date  
Silver Spring Regional Center 8435 Georgia Avenue Silver Spring, MD 20910 (301)565-7300